COUNTY OF: MOORE
BUSINESS PERSONAL PROPERTY LISTING

RETURN TO: MOORE COUNTY TAX DEPARTMENT CITY ACCOUNT NUMBER TWP DIST PARCEL **ABSTRACT FDIST PO BOX 457 CARTHAGE NC 28327-0457** PHYSICAL ADDRESS: REAL ESTATE OWNED BY: CORPORATION SOLE PROPRIETORSHIP PARTNERSHIP __ PHONE: 910-947-6386 SOC. SEC. #/FED. (EMP): ID# SIC# FAX: 910-947-6340 DATE BUSINESS BEGAN IN COUNTY: **RETURN LISTING BY: JANUARY 31, 2006** TAX YEAR: 2006 **EXTENSION TO: APRIL 15, 2006** BY WRITTEN REQUEST OR EMAIL AT buslist@moorecountync.gov BY JANUARY 31,2006 BLANK FORMS ARE AVAILABLE AT: http://www.moorecountync.gov/ PRIOR YEAR LISTING WAS MADE IN THE NAME OF :(IF NEW BUSINESS, DATE OPENED) PRINCIPAL BUSINESS ACTIVITY: FISCAL YEAR END: CORPORATE HOME OFFICE: OWNER/PARTNERS: LOCATION OF ACCOUNTING RECORDS AND CONTACT PERSON FOR AUDIT (Name, Address and Phone) OTHER COUNTIES N.C. WHERE PERSONAL PROPERTY IS LOCATED: **DEPRECIABLE PERSONAL PROPERTY** SCHEDULE A LIST 100% COST BY YEAR OF ACQUISITION. INCLUDE ALL FULLY DEPRECIATED ASSETS IN YOUR POSSESSION. USE ACQUISITION COLUMN FOR NEW BUSINESS AND REMOVAL COLUMN TO INDICATE PRIOR YEAR CHANGES. (2) OFFICE FURNITURE & FIXTURES YEAR PRIOR YR. COST ACQUISITIONS REMOVALS PRIOR YR. COST ACQUISITIONS REMOVALS PRIOR YR. COST | ACQUISITIONS | REMOVALS ACQ. 2005 2004 2003 2002 2001 2000 1999 1998 1997 1996 1995 1994 1993 Prior Total (5) MISCELLANEOUS & FARM EQUIPMENT (4) COMPUTER EQUIPMENT YEAR ACQUISITIONS REMOVALS CODE ACQ. PRIOR YR, COST YEAR DESCRIPTION VALUE 2005 2004 2003 2002 2000 1999 1997 1996 1995 1994 1993 Prior PLEASE MARK THROUGH ANY ITEM YOU DO NOT Total MORE11204

Wednesday, January 18, 2006.max

	EDULE A (6) CONS	TRUCTION	IN PROC		SCHEDULE B	LIST CHANG	ES IN LA	ND AND BUILDINGS
CIP	LIST AT 100% COST			- N	EW CONSTRUCTION PECIFY:	PROPERTY IMPROVE	MENTS	LEASE IMPROVEMENTS
SCHEDULE C COMPANIES OUT OF BUSINESS				SOLD TO: NONE CONSTRUCTION COST:				
IFOUT OF DATE OUT OF BUSINESS:					SCHEDULE D EXPENSED ITEMS			
BUSINESS COMPLETE THIS SECTION	SOLD CLOSED SOLD TO WHOM:	of the to	LIST ANY ITEMS THAT YOU HAVE EXPENSED: 2005;					
ONLY	NAME :			- Р	RIOR:			
SCHEDULE E SUPFLIES NOT HELD FOR RESALE LIFONOT ACCEPTABLE								
GROUP (7) SUPPLIES AS OF JANUARY I								
1. FUELS (HE	ELD FOR CONSUMPTION)			100	% COST	\$		
2. MAINTENANCE AND JANITORIAL SUPPLIES							% COST	\$
3. OFFICE SUPPLIES							% COST	\$
4. MEDICAL, DENTAL, BEAUTY & BARBER						100	% COST	\$
5. REPLACEMENT PARTS, SPARE PARTS, HAND TOOLS							% COST	\$
6. RESTAURANT, HOTEL AND MOTEL ITEMS SUCH AS LINENS, CHINA, SILVERWARE 100% COST \$								s
7. ALL OTHER MISCELLANEOUS SUPPLIES NOT CODED ABOVE							% COST	\$
O OTHER							% COST	\$
SCHEDU	I F F		CPOL	D (9) III	NLICENSED VEHIC	LECALUTIVE	TOTAL	9
LIST BELOW ALL UNLICENSED (UNTAGGED) VEHICLES OR MULTI-YEAR TAGS DO NOT LIST VEHICLES WHICH ARE CURRENTLY LICENSED (TAGGED) IN NORTH CAROLINA. EXCEPTIONS THAT REQUIRE ANNUAL LISTING IN THIS SECTION: 1. OWNERS OF FLEET OF "DAILY RENTAL" VEHICLES.								
V	EHICLE TYPE	MAKE	YEAR	TAG #	COMPLETE VEHICLE IDEI	NTIFICATION NUMBER	DATE OF PURCHASE	NEW ORIGINAL COST
-								
								TOTAL
SCHEDULE G GROUP (9) LEASED ITEMS								TOTAL
IF ON JANUARY 1, YOU HAVE IN YOUR POSSESSION ANY MACHINERY, EQUIPMENT, OFFICE FURNITURE AND FIXTURES, MOTOR VEHICLES, AIRPLANES WHICH ARE LOANED, LEASED, STORED OR OTHERWISE HELD AND NOT OWNED BY YOU. THE VALUE OF WHICH DOES NOT APPEAR ON YOUR ASSETS, ACCOUNTS, AND IS NOT INCLUDED IN YOUR RETURN OF PERSONAL PROPERTY, THE OWNER, ADDRESS, KIND AND NATURE OF SUCH EQUIPMENT SHOULD BE REPORTED BELOW.								
NAME OF OWNER OR COMPANY		ADDRESS	YEAR	MODE	BODY TY OR BE		IUMBER	DATE LEASE STARTED
1.								AND TERMS
2								
3.								
4.								
5.								
6.								
NONE								
REMARKS:								
	NAME OF TAXABLE PARTY.							
AFFIRMATION OF FROFERTY OWNER. Under penulties prescribed by law. I as principal officer or officially suppowered, fulfilms supplyee of faspayer do hereby that to the best of my knowledge and hellef this listing. Including any accompanying statements, schedules, and other information, is true and complete. (G.S. 108-310-311)								
PREPARED BY:								
PHONE NO: SIGNATURE:								
DATE SIGNED: TITLE:								
COMPLETE ALL								
APPLICABLE SECTIONS OF THIS ACCOUNTANTS SIGNATURE NOT APPLICABLE UNIFORM OR IT WILL BE REJECTED MUST HAVE OWNER OR PRINCIPAL OFFICER'S SIGNATURE NOT APPLICABLE UNIFORM OR IT WILL BE EMPLOYEE OF THE COMPANY						RE. A FULL TIME		
ATTACH ANY STATEMENTS OR SCHEDULES YOU DEEM NECESSARY.								
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